

## 2021 Health, Dental, Vision and Accident Plan Premiums

(effective January 1, 2021)



<b>Non-High Deductible Health Plans</b>	<b>Single (monthly)</b>	<b>Single (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
IYC Plan with Dental	\$96.00	\$48.00	\$238.00	\$119.00
IYC Plan without Dental	\$92.00	\$46.00	\$229.00	\$114.50
Access with Dental	\$255.00	\$127.50	\$632.00	\$316.00
Access without Dental	\$251.00	\$125.50	\$623.00	\$311.50
Access with Dental (required to work out of state)	\$150.00	\$75.00	\$376.00	\$188.00
Access without Dental (required to work out of state)	\$146.00	\$73.00	\$367.00	\$183.50

<b>High Deductible Health Plans</b>	<b>Single (monthly)</b>	<b>Single (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
HDHP Plan with Dental	\$36.00	\$18.00	\$89.00	\$44.50
HDHP Plan without Dental	\$32.00	\$16.00	\$80.00	\$40.00
HDHP Access with Dental	\$195.00	\$97.50	\$483.00	\$241.50
HDHP Access without Dental	\$191.00	\$95.50	\$474.00	\$237.00
HDHP Access with Dental (required to work out of state)	\$90.00	\$45.00	\$227.00	\$113.50
HDHP Access without Dental (required to work out of state)	\$86.00	\$43.00	\$218.00	\$109.00

<b>2021 Premiums</b>	<b>Employee (monthly)</b>	<b>Employee (biweekly)</b>	<b>Employee + Spouse (monthly)</b>	<b>Employee + Spouse (biweekly)</b>	<b>Employee + Child(ren) (monthly)</b>	<b>Employee + Child(ren) (biweekly)</b>	<b>Family (monthly)</b>	<b>Family (biweekly)</b>
Delta Dental PPO – Select Plan	\$9.28	\$4.64	\$18.56	\$9.28	\$12.52	\$6.26	\$22.28	\$11.14
Delta Dental PPO – Select Plus Plan	\$16.82	\$8.41	\$33.64	\$16.82	\$31.12	\$15.56	\$51.30	\$25.65
Delta Dental – Preventive (no health)	\$30.20	\$15.10	n/a	n/a	n/a	n/a	\$75.50	\$37.75
DeltaVision	\$5.72	\$2.86	\$11.42	\$5.71	\$12.88	\$6.44	\$20.58	\$10.29
Accident Plan	\$4.38	\$2.19	\$6.26	\$3.13	\$8.44	\$4.22	\$12.32	\$6.16